

# Best Available Copy

(STAPLE PLEASE (for additional cross references))

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	MJW	57	11-18-00
<b>FORMALITY REVIEW</b>	52	67834	1/10/01
<b>RESPONSE FORMALITY REVIEW</b>	1	71622	2/23/01

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	
Original	
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If more than 150 claims or 10 actions  
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